

DECLARATION AND POWER OF ATTORNEY

As below named inventor, I hereby declare that:

My residence, post office and citizenship are as stated below next to my name,

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled NETWORK SECURITY VERIFICATION SYSTEM AND METHOD, the specification of which is attached hereto, OR

was filed on _____ as U.S. Application No. or PCT International Application Number _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):		Priority Claimed		
<u>Number</u>	<u>Country</u>	<u>Day/Month/Year filed</u>	<u>Yes</u>	<u>No</u>

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U. S. Application(s):		<u>Status: Patented, Pending, Abandoned</u>
<u>Serial No.</u>	<u>Filing Date</u>	

I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorneys:

Elizabeth Stanley, Reg. No. 44,438

of LeBoeuf, Lamb, Greene & MacRae, LLP, 1875 Connecticut Avenue, N.W., Suite 1200, Washington, DC 20009; Telephone: 202.986.8000; Facsimile: 202.956.3250, with full power of substitution and revocation, to prosecute this application and to transact all business in the U. S. Patent and Trademark Office connected therewith, and all future correspondence should be addressed thereto.

Full name of sole or first inventor: Denis Gabriel Valois

Inventor's signature: _____

Date: _____

Residence: Les Bastides de la Mourachonne, 83, route des Aspres, villa 29, 06370 Mouans-Sartoux, France

Citizenship: Canada

Post Office Address: c/o Heraklion Building, 1041, route des Dolines, 06560 Valbonne, France

Full name of sole or second inventor: Cédric Felix Jacques Llorens

Inventor's signature: 

Date: 23 / 06 / 2003

Residence: 17, rue de Versailles, 78150 Le Chesnay, France

Citizenship: France

Post Office Address: c/o Building Le Galion, 18, rue Paul Lafargue, 92904 Paris La Défense 10 CEDEX

Full name of sole or third inventor: _____

Inventor's signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

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Full name of sole or first inventor: Denis Gabriel Valois

Inventor's signature: *Denis Gabriel Valois*

Date: 23 JUNE 2003

Residence: Les Bastides de la Mourachonne, 83, route des Aspres, villa 29, 06370 Mouans-Sartoux, France

Citizenship: Canada

Post Office Address: c/o Heraklion Building, 1041, route des Dolines, 06560 Valbonne, France

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Residence: _____

Citizenship: _____

Post Office Address: _____